



**RECEIVED
CENTRAL FAX CENTER**

AUG 08 2005

Suite 2800 1100 Peachtree St.
Atlanta GA 30309-4530
404 815 6500 F404 815 6555
www.KilpatrickStockton.com

August 8, 2005

direct dial 404 745 2458
direct fax 404 541 3160
MCogburn@KilpatrickStockton.com

FAX

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Mail Stop Amendment Commissioner for Patents	571 273 8300	U. S. Patent & Trademark Office Alexandria, VA

Aleta A. Mills

FROM

5

PAGES (WITH COVER)

6922

REFERENCE NO

10557/247605

CLIENT/MATTER NO.

PLEASE CALL 404 815 6497 IF YOU HAVE DIFFICULTY WITH THIS TRANSMISSION.

CONFIDENTIALITY NOTE:

The information contained in this fax message is being transmitted to and is intended for the use of the individual named above. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copy of this fax is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and destroy this fax message.

COMMENTS

Please acknowledge receipt of the enclosed:

- 1) Transmittal Form (PTO/SB/21);
- 2) Response to Notice of Non-Compliant Amendment

Applicant(s): Cuckler, et al

Application No.: 09/920,432

Filing Date: August 1, 2001

Title: Acetabular Ring Prosthesis with Reinforcement Member

Attorney Docket No. 10557/247605

Atty/Para: AAM/AR

TO BE COMPLETED BY KS OPERATIONS CENTER

TRANSMISSION RECEIPT DATE/TIME: _____

COMPLETED BY: _____

JOB CODE

95862

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM	Application Number	09/920,432	
	Filing Date	August 1, 2001	
	First Named Inventor	Cuckler, et al.	
	Art Unit	3738	
	Examiner Name	Willse, D.	
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	4	Attorney Docket Number	10557/247805

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt fax sheet	<div style="border: 1px solid black; padding: 2px;">Remarks</div>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm		Kilpatrick Stockton LLP	
Signature		<i>Alta A. Mills</i>	
Printed Name		Alta A. Mills	
Date	August 8, 2005	Reg. No.	47,794

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Susie Haugen</i>		
Typed or printed name	Susie Haugen	Date	August 8, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

AUG 08 2005

Patents

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Cuckler et al.)
Application No.: 09/920,432) Art Unit: 3738
Filed: August 1, 2001) Examiner: Willse, D.
For: Acetabular Ring Prosthesis with)
Reinforcement Member)
Docket No: 10557/247605

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

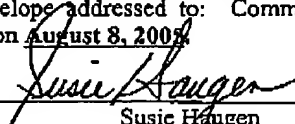
Sir:

In response to the Notice of Non-Compliant Amendment mailed July 8, 2005, kindly consider the following remarks.

Remarks begin on page 2 of this paper.

CERTIFICATION OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 8, 2005.


Susie Haugen